MAXIMUS Federal Services

Case Number:	CM14-0012316		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2010
Decision Date:	08/01/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51-year-old male who has submitted a claim for left knee osteoarthritis, complex regional pain syndrome, and severe atrophy of left leg associated with an industrial injury date of May 1, 2010.Medical records from 2011 to 2014 were reviewed. Patient complained of left knee pain associated with popping, locking, grinding, and buckling. Physical examination of the left knee revealed muscle atrophy, lateral patellar tilt with a tight lateral retinaculum, tenderness, and slight effusion. Range of motion was full.X-ray of the left knee, dated 8/7/2013, demonstrated normal tibial femoral articulation with minimal medial joint narrowing. There was evidence of ACL reconstruction. The overall alignment was normal. Well tracking patella was noted. MRI of the left knee, undated, showed medial meniscus or posterior tear. Treatment to date has included left knee arthroscopy with medial meniscectomy, lateral meniscectomy, synovectomy and manipulation on 7/16/2010; second left knee arthroscopic surgery on 12/2/2010; third left knee arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 3/22/2011; fourth left knee arthroscopic partial medial meniscectomy and arthroscopic partial lateral meniscectomy on 9/22/2011; fifth left knee arthroscopic partial medial meniscectomy, arthroscopic partial lateral meniscectomy, and arthroscopically assisted anterior cruciate ligament reconstruction with BTB allograft on 6/14/2012; left knee cortisone injection, physical therapy, home exercise program, knee immobilizer, and medications such as Naproxen, Protonix, Flexeril, Percocet, Norco, and Gabapentin.Utilization review from December 3, 2013 denied the request for Norco because there was no documentation concerning length of use and functional response from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EVALUATION UNDER ANESTHESIA/POSSIBLE LATERAL RELEASE, LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, Lateral Retinacular Release.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Indications for lateral retinacular release include failure in conservative care, pain with patellar/femoral movement, recurrent dislocation, lateral tracking of the patella, and abnormal patellar tilt on x-ray, CT scan, or MRI. In this case, patient underwent 5 left knee arthroscopic surgeries from 2010 to 2012. However, left knee pain persisted with current objective findings of atrophy, lateral patellar tilt, tenderness, and effusion. A report from 8/26/2013 cited that patient is not a candidate for total knee arthroplasty because manipulation with arthroscopic release is a reasonable option at this time. Patient had a resultant contracture and limited flexion post-surgery. He also suffered from a painful portal neuroma. However, x-ray of the left knee, dated 8/7/2013, demonstrated normal tibial femoral articulation with minimal medial joint narrowing. The overall alignment was normal. Well tracking patella was noted. As guidelines indicate that presence of abnormal patellar tilt should be demonstrated in radiographic studies. Guideline criteria were not met. Therefore, the request for evaluation under anesthesia/possible lateral release, left knee is not medically necessary.